

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000085632 (6)

1. Corporation Name

GROUP EDISTO, INC.



Principal Place of Business

% CHRIS STRAKA
101 GEORGE KING BLVD., SUITE 4
CAPE CANAVERAL FL

Mailing Address

% CHRIS STRAKA
101 GEORGE KING BLVD., SUITE 4
CAPE CANAVERAL FL

3. Date Incorporated or Qualified
12/10/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 450 Challenger Road
Suite, Apt. #, etc.

2a. Mailing Address

26 450 Challenger Road
Suite, Apt. #, etc.

4. FEI Number
59-3213396

Applied For
Not Applicable

22 N/A

City & State

27 N/A

City & State

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

23 Cape Canaveral, FL

28 Cape Canaveral, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 32920
Zip Country

25 Brevard

29 32920
Zip Country

30 Brevard

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POPP, GREGORY A ESO
101 GEORGE KING BLVD
SUITE 4
CAPE CANAVERAL FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 450 Challenger Road

84 City
Cape Canaveral

FL

85 Zip Code
32920

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and not applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME HARDING, NEAL
STREET ADDRESS 101 GEORGE KING BLVD., SUITE 4
CITY-ST-ZIP CAPE CANAVERAL FL ☐ DELETE

TITLE DVST
NAME STRAKA, CHRISTOPHER
STREET ADDRESS 101 GEORGE KING BLVD., SUITE 4
CITY-ST-ZIP CAPE CANAVERAL FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 450 Challenger Road
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 450 Challenger Road
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 113.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher Straka

Date

Daytime Phone #

(407) 799-4090

CR2E034 (12/95)